**Els for Autism**® **Financial Aid Application**

Participants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participants Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

1. Does the child have a diagnosis of autism spectrum disorder (ASD)?

Yes No

2. If the child does not have a diagnosis, is the child currently on a waiting list to receive a diagnostic evaluation?

Yes No

3. Does the child demonstrate behavioral challenges? If yes, please explain provide details. \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How many individuals live in the family’s home? ­­­­­­­\_\_\_\_\_\_\_\_\_\_

5. What is the total gross income of all members of the family household? $ \_\_\_\_\_\_\_\_

Yes No

6. Does the child have a sibling or other family member living in the home with ASD?

Yes No

7. Has the child received scholarship funding from the Foundation in the past?

Yes No

8. Does the child currently receive any therapies? If yes, please provide the number of hours of therapy the child receives each week.

# of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. List type of therapy received

ABA Therapy

Speech-Language Therapy

Occupational Therapy

Music Therapy

Other

Yes No

10. Does one parent or caregiver agree to participate as a 1:1 during classes if the child cannot participate independently in a 3:1 ratio?

Yes No

11. Does the child have insurance that includes coverage for therapeutic interventions (ex., ABA (Behavior Therapy), Speech and Language Therapy, etc.)?

If yes, please list the name of the insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the space provided below please write a small statement declaring why you need this Financial Scholarship.

Please select the program(s) that you are interested in enrolling your child:

Spring Break Camp Summer Camp Sports/Rec program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RUBI Parent Training SIA Together Music Therapy Reach & Teach\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of scholarship assistance do you need?

25% 50% 75% 100%

By submission of this form, I acknowledge that I have read, agree to, and accept the Terms and conditions provided to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/ Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received/ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and conditions of Els for Autism™ Financial Aid Requests**

Through the generous donations of local and national supporters, Els for Autism is pleased to provide financial aid opportunities to families of individuals with autism spectrum disorder for select programs and services.

1. Scholarships are available for families demonstrating financial need.

2. Partial or full financial aid may be awarded.

3. All financial aid requests will be handled in a confidential manner.

4. To be eligible, child/adult MUST have a confirmed diagnosis of autism spectrum disorder.

5. Award is limited to one financial aid per child/adult with autism per program. A second child with autism in the same family is eligible for a separate financial aid. For example, a family may be awarded a 50% financial aid for one 4-week session of group music therapy and a 50% scholarship for group golf lessons.

6. Els for Autism reserves the right to verify all information contained on the financial aid request form and to request additional information.

7. Applicant must state annual household gross income on financial aid request form . Income reported may be subject to verification by W-2, payroll stub, or federal income tax returns.

8. Certain actions by Applicant may result in loss of a financial aid ward, including but not limited to, excessive tardiness, unapproved cancellation or unexcused absence from scheduled sessions, lack of cooperation, behavior that is deemed inappropriate, continually disruptive, hazardous, or unsafe.

9. To apply for a financial aid, Please complete the Financial Aid Request Form.